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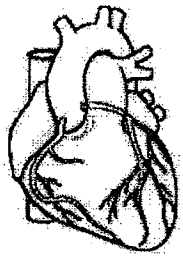

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Patient Name: _____

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Site of Implant: _____

Implanting Physician: _____

Hospital: _____

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Magnetic Resonance Imaging (MRI) of single or two overlapping CYPHER® Sirolimus-eluting Coronary Stents has been shown to be safe in MRI units with a magnetic strength of 3 Tesla or less. Notify your doctor before you have an MRI scan.

Your cardiologist has prescribed a number of antiplatelet (AP) medications. It is extremely important to follow the medication regimen as prescribed by your cardiologist. Before considering any surgery or dental work which would require you to stop taking AP medicines early, you and your doctors should consider the risks from early discontinuation of these medications. For questions regarding your CYPHER Stent or procedure, please contact your implanting cardiologist or Cordis Corporation at 1-800-281-0282. 10103073-2

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Cardiology

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Miami, FL 33102
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UNITED STATES OF AMERICA

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FOOD AND DRUG ADMINISTRATION

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CIRCULATORY SYSTEM DEVICES ADVISORY PANEL

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MEETING

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THURSDAY,
NOVEMBER 29, 2007

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The meeting convened at 8:00 a.m. at the Gaithersburg Holiday Inn, 2 Montgomery Village Avenue, Gaithersburg, Maryland, CLYDE W. YANCY, M.D., Acting Panel Chairperson, presiding.

PANEL MEMBERS PRESENT:

CLYDE YANCY, M.D, Acting Chairperson
RICHARD L. PAGE, M.D., Voting Member
JOHN C. SOMBERG, M.D., Voting Member
EUGENE H. BLACKSTONE, M.D., Consultant
JEFFREY A. BRINKER, M.D., Consultant
JOHN W. HIRSHFELD, M.D., Consultant
VALLUVAN JEEVANANDAM, M.D., Consultant
NORMAN S. KATO, M.D., Consultant
WARREN K. LASKEY, M.D., Consultant
DOUGLAS MORRISON, M.D., Consultant
SHARON-LISE NORMAND, Ph.D., Consultant
MARCIA S. YAROSS, Ph.D., Industry Representative
KAREN R. RUE, Consumer Representative

FDA PARTICIPANTS:

JAMES P. SWINK, Panel Executive Secretary
BRAM ZUCKERMAN, M.D., Director, Division of Cardiovascular Devices
HEATHER L. AGLER, Ph.D., Division of Cardiovascular Devices
ASHLEY BOAM, Branch Chief, Interventional Cardiology Devices, Office of Device Evaluation
DANICA MARINAC-DABIC, M.D., Ph.D., Chief, Epidemiology Branch, Office of Surveillance and Biometrics
HESHA DUGGIRALA, Ph.D., Office of Surveillance and Biometrics
ROBERT P. FIORENTINO, M.D., M.P.H., Division of Cardiovascular Devices
XU YAN, Ph.D., Office of Surveillance and Biometrics

SPONSOR PARTICIPANTS:
LESLIE COLEMAN, D.V.M., M.S., DACLAM, Director, Preclinical Research, Abbott Vascular
PETER FITZGERALD, M.D., Ph.D., Stanford University
GARY C. JOHNSON, Vice President, Regulatory Affairs, Clinical Research, and Quality Assurance, Abbott Vascular
MITCHELL W. KRUCOFF, M.D., Professor of Medicine/Cardiology, Duke University Medical Center, Director, Cardiovascular Devices Unit, Duke Clinical Research Institute
STUART POCOCK, Ph.D., Professor of Medical Statistics, London School of Hygiene and Tropical Medicine
MURTHY SIMHAMBHATLA, Ph.D., Vice President and General Manager, DES, Abbott Vascular
GREGG W. STONE, M.D., Professor of Medicine, Columbia University Medical Center, The Cardiovascular Research Foundation
KRISHNA SUDHIR, M.D., Ph.D., Director, Abbott Vascular
ROSEANN WHITE, Abbott Vascular

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P-R-O-C-E-E-D-I-N-G-S

(8:02 a.m.)

CALL TO ORDER

CHAIRPERSON YANCY: Good morning. My name is Clyde Yancy. I am Medical Director of the Baylor Heart and Vascular Institute at Baylor University Medical Center in Dallas and Chairperson of today's panel deliberations. I would like to call this meeting of the Circulatory System Devices Panel to order.

If you haven't already done so, please sign the attendance sheets that are on the tables by the doors. If you wish to address this panel during one of the open sessions, please provide your name to Ms. Anne Marie Williams at the registration table. If you are presenting in any of the open public sessions today and have not previously provided an electronic copy of your presentation to FDA, please arrange to do so with Ms. Williams.

I note for the record that the

voting members present constitute a quorum, as required by 21 CFR Part 14. I would also like to add that the panel participating in the meeting today has received training in FDA device law and regulations. If you have electronic pagers, PDAs, or cell phones, please place them on a silent mode so that they will be minimally intrusive.

Mr. Swink, the Executive Secretary for the Circulatory System Devices Panel, will make some introductory remarks.

CONFLICT OF INTEREST AND DEPUTIZATION TO VOTING MEMBER STATUS STATEMENTS

EXECUTIVE SECRETARY SWINK: I'll now read the conflict of interest statement. "The Food and Drug Administration is convening today's meeting of the Circulatory System Devices Panel of the Medical Devices Advisory Committee under the authority of the Federal Advisory Committee Act of 1972.

"With the exception of the industry representative, all members and consultants of

the panel are special government employees or regular federal employees from other agencies and are subject to federal conflict of interest laws and regulations.

"The following information on the status of this panel's compliance with federal ethics and conflict of interest laws covered by, but not limited to, those found at 18 USC, section 208, and section 712 of the Federal Food, Drug, and Cosmetic Act are being provided to today's participants and to the public.

"FDA has determined that members and consultants of this panel are in compliance with federal ethics and conflict of interest laws. Under 18 USC, section 208, Congress has authorized FDA to grant waivers to special government employees who have potential financial conflicts when it is determined that the agency's need for that particular individual's services outweighs his or her potential financial conflict of

interest.

"Under section 712 of the FD&C Act, Congress has authorized FDA to grant waivers to special government employees and regular government employees with potential financial conflicts when necessary to afford the committee essential expertise.

"Related to the discussion of today's meetings, members and consultants of this panel who are special government employees have been screened for potential financial conflicts of interest of their own as well as those imputed to them, including those of their spouses or minor children and for purposes of 18 USC, section 208, their employers. These interests may include investments, consulting, expert witness testimony, contracts, grants, CRADAs, teaching, speaking, writing, patents, and royalties, and primary employment.

"Today's agenda involves the discussion of a pre-market approval

application for the XIENCE V Everolimus-Eluting Coronary Stent System sponsored by Abbott Vascular, a subsidiary of Abbott Laboratories.

"The system is indicated for improving coronary lumenal diameter in patients with symptomatic heart disease due to de novo native coronary artery lesions with a length of equal to 28 millimeters with reference vessel diameter of 2.5 to 4.25 millimeters.

"This is a particular matters meeting, during which specific matters related to the PMA will be discussed. Based on the agenda for today's meeting and all financial interest reported by the panel members and consultants, conflict of interest waivers have been issued in accordance with 18 USC, section 208(b)(3) to Drs. Jeffrey Brinker, John Somberg, and Clyde Yancy. A waiver has also been issued in accordance with section 712 of the FD&C Act for Dr. Yancy.

"Dr. Brinker's waiver involves his employer's interest in a sponsor study. His institute received less than $100,000 in funding. Dr. Brinker has no personal involvement in the study.

"Dr. Somberg's waiver entails his employer's interest in the sponsor's study. His institute received less than $100,000 in funding. Dr. Somberg has no personal involvement in the study.

"Dr. Yancy's waivers address personal consulting arrangements with a competing firm to the sponsor and an unaffected unit of the parent or of the competing firms. He receives an annual fee of less than $10,001 for these arrangements, which are unrelated to today's agenda.

"The waivers allow these individuals to participate fully in today's deliberations. FDA's reasons for issuing the waivers are described in waiver documents, which are posted on FDA's Web site at

www.fda.gov.

"Copies of the waivers may also be obtained by submitting a written request to the agency's Freedom of Information Office, which is in room 6-30 of the Parklawn Building.

"A copy of this statement will be available for review at the registration table during this meeting and will be included as a part of the official transcript.

"Marcia S. Yaross, Ph.D., is serving as the industry representative, acting on behalf of all related industry, and employed by Biosense Webster, Incorporated, a Johnson and Johnson company.

"We would like to remind members and consultants that if the discussions involve any other products or firms not already on the agenda for which the FDA participant has a personal or imputed financial interest, the participants need to exclude themselves from such involvement. And

their exclusion will be noted for the record.

"FDA encourages all other participants to advise the panel of any financial relationships that they may have with any firms at issue." Thank you.

I will now read the employment to temporary voting status. "Pursuant to the authority granted under the Medical Devices Advisory Committee charter of the Center for Devices and Radiological Health dated October 27th, 1990 and as amended August 18th, 2006, I appoint the following individuals as voting members of the Circulatory System Devices Panel for the duration of this meeting on November 29, 2007: John W. Hirshfeld, Valluvan Jeevanandam, Norman S. Kato, Warren K. Laskey, Douglas A. Morrison, Sharon-Lise Normand, Jeffrey A. Brinker, and Eugene H. Blackstone.

"For the record, these individuals are special government employees and/or consultants to the panel under the Medical

Devices Advisory Committee. They have undergone the customary conflict of interest review and have reviewed the material to be considered at this meeting. In addition, I appoint Clyde W. Yancy, M.D., to act as temporary chairperson for the duration of this meeting."

This was signed by Daniel G. Schultz, Director for the Center for Devices and Radiological Health, and dated November 16th, 2007.

A few more general announcements. Transcripts of today's meeting will be available from Neal Gross and Company. Information on purchasing these videos of today's meeting can be found on a table outside of the meeting room.

Presenters to the panel who have not already done so should provide FDA with a hard copy of their remarks, including overheads. I would like to remind everyone that members of the public and the press are

not permitted around the panel area beyond the speakers' podium and are not permitted to talk with the consultants.

The press contact for today's meetings are Karen Riley and Peper Long. And I request that reporters wait to speak with FDA officials until after the panel meeting.

Thank you.

CHAIRPERSON YANCY: Good morning again. At this meeting, the panel will be making a recommendation to the Food and Drug Administration on the pre-market approval application, PMA, P070015 for the Abbott Vascular XIENCE V Everolimus-Eluting Coronary Stent System.

The XIENCE Coronary Stent System is indicated for improving coronary lumenal diameter in patients with symptomatic heart disease due to de novo native coronary artery lesions less than or equal to 28 millimeters with reference vessel diameter of 2.5 to 4.25 millimeters.

PANEL INTRODUCTIONS

CHAIRPERSON YANCY: Before we begin deliberations on this PMA under the auspices of that proposed indication that we just read, I would like to ask our panel members, who have generously given their time today, and other FDA staff seated at this table to introduce themselves.

We will start with Dr. Zuckerman. Please state your name, your area of expertise, your position, and affiliation. Thank you.

DR. ZUCKERMAN: Good morning. Bram Zuckerman, Director, FDA Division of Cardiovascular Devices.

MEMBER BRINKER: Hi. Jeff Brinker, interventional Cardiologist, professor of medicine and radiology, Johns Hopkins University.

MEMBER HIRSHFELD: I'm John Hirshfeld. I'm an interventional cardiologist at the University of Pennsylvania.

MEMBER KATO: Norman Kato, cardiothoracic surgery, private practice, Los Angeles, California.

MEMBER NORMAND: Hi. Sharon-Lise Normand, professor of health care policy and biostatistics, Harvard Medical School and Harvard School of Public Health.

MEMBER SOMBERG: Hi. John Somberg, professor of medicine and pharmacology, Rush University, Chicago, Illinois.

EXECUTIVE SECRETARY SWINK: James Swink, Executive Secretary.

MEMBER LASKEY: Warren Laskey. I'm Chief of Cardiology at the University of New Mexico.

MEMBER PAGE: Rick Page, cardiologist, electrophysiologist. I'm head of cardiology at the University of Washington in Seattle.

MEMBER BLACKSTONE: Eugene Blackstone, full-time clinical research, head clinical research, Department of Thoracic

Cardiovascular Surgery at Cleveland Clinic.

MEMBER JEEVANANDAM: Valluvan Jeevanandam. I'm the Chief of Cardiothoracic Surgery at the University of Chicago.

MEMBER MORRISON: Good morning. I'm Doug Morrison. I'm an interventional cardiologist in private practice.

MEMBER YAROSS: Marcia Yaross, Vice President, Clinical Quality, Regulatory, and Health Policy at Biosense Webster in Diamond Bar, California and industry representative to this panel.

MEMBER RUE: Karen Rue with Griswold Special Care. I'm from Lafayette, Louisiana. And I'm consumer representative.

CHAIRPERSON YANCY: Thank you.

We will now proceed with a brief post-approval studies update from the FDA.

POST-APPROVAL STUDIES UPDATE

DR. MARINAC-DABIC: Good morning, ladies and gentlemen, Mr. Chairman, Dr. Zuckerman, distinguished members of the panel.

My name is Danica Marinac-Dabic. I am the Chief of Epidemiology Branch at the Office of Surveillance and Biometrics. And this is the unit that is in charge of the review and oversight of the post-approval studies program.

During the past couple of years, the CDRH has made significant commitment of resources to enhance the post-approval studies program, with the major goals to enhance scientific vigor of post-approval studies, establish and maintain accountability for the post-approval study commitments, build post-approval study information management system, build bridges between the post-approval studies knowledge, and pre-market device evaluation, and also to increase the transparency with the public.

Today I would like to give you, our expert advisory panel, an update on the most recent developments in the CDRH post-approval studies program followed by a brief overview

of the current status of the ongoing cardiovascular post-approval studies.

The new CDRH post-approval studies program encompasses design, tracking, oversight, and review responsibilities for the studies mandated as a condition of approval. The program helps ensure that well-designed post-approval studies are conducted effectively, efficiently, and in the least burdensome manner.

During the last several years, CDRH fundamentally changed the processes by which we handle post-approval studies. The main changes had occurred in the oversight, tracking, and review of post-approval studies.

We also issued the guidance document to the FDA staff and the sponsors of medical devices. We also developed and released the post-approval studies Web page and initiated post-market updates to the panel. And, finally, we developed a comprehensive approach to engage other public

health partners in this post-approval studies program.

In 2005, the oversight responsibility was transferred from the Office of Device Evaluation and Office of In Vitro Diagnostics that historically handled the post-approval studies to the Office of Surveillance and Biometrics. And all the post-approval studies review functions were integrated into the medical device epidemiology and surveillance program within the OSB.

We developed an electronic tracking system for post-approval study commitments. This system represents CDRH commitment and determination to ensure that all post-market commitments are fulfilled.

This system is based on the post-approval study time lines incorporated into study protocols and agreed upon by the sponsor at the time of the approval. So all the reporting requirements can convey to the

sponsor -- and this is based on those deadlines -- the due date and the tracking systems are built.

Over the last two years, the epidemiology staff had been gradually integrated into PMA review teams. To advance the least burdensome approach, the epidemiology staff has committed significant resources towards early dialogue with manufacturers to give early input regarding our expectations on post-approval studies and also to help the sponsors by working interactively with them to develop well-designed post-approval studies during the pre-market phase.

Our gaol is to finalize by the time of the approval at least an outline of the post-approval study protocol. And very often we finalize the full study protocol at the time of the device approval. We also agree at that time on the study time lines. And, as I said, those study time lines are built into

the tracking system.

If the advisory panel is convened for that device, then the epidemiologists are part of the FDA presentation team. So we will hear a little bit about the post-approval studies and our assessment and what post-market considerations for post-approval study are. These are the pre-market changes that had occurred during the last couple of years.

As far as the post-market review practice and upon the device approval, the epidemiologist assumed the lead responsibility in the review of the interim and final reports, again the function that was historically residing in the Office of Device Evaluation. However, we keep the PMA review team informed and engaged. And although we serve as the lead reviewers on those submissions, we make sure that the information is being fed back to the pre-market.

The concept of epidemiology lead

and the post-market team availability is envisioned to couple the epidemiologic expertise in observational studies of the Office of Surveillance and Biometrics with the product-specific technical expertise from pre-market and post-market experts to facilitate knowledge sharing within the CDRH.

As I had mentioned, the CDRH had issued post-approval studies guidance documents late last year. And we did one minor revision in August of this year.

In addition to our internal tracking system, the CDRH had also launched the publicly available Web site with general information on all post-approval studies that were initiated post-2005, when the OSB received a lead in oversight responsibilities. And this link on the slide is a link to that. I hope that some of you may already have seen the information that we proudly present to the public.

I am not going to go into a lot of

detail about this study, the definitions, but just to illustrate that we have clear objective criteria by which we evaluate the reporting status of post-market commitments.

And these are our reporting status definitions that are available on the Web site and also in our guidance document. These are also the study status definitions that range from protocol-pending to protocol-overdue, study-pending, study-on-time, overdue, terminated, or completed.

We generally give the sponsor six months to finalize the protocol unless the protocol is approved at the time of the approval, after which we will mark the protocol overdue on the Web site.

We certainly view this -- and this is how it looks like. These are some of the elements that are available on the Web. And, as you can see, there is the information about the PMA number, applicant's name, device name.

We recently added the category of

the medical specialty and also the date the PMA approval is there. We extract directly from the approval order the brief description of the post-approval study protocol. And also we make sure that the public knows when the protocol was approved.

And then the final category is defined as a study status where we mark how well the sponsor has complied with the reporting requirements and how well the study is progressing.

We certainly view this as an opportunity, not only for this Web site to serve as an incentive for the sponsors to comply with their post-market study commitments but also our opportunity to celebrate and to advertise the best practices of the sponsors in their reporting requirements and the progress of the post-approval studies.

And, again, this is another important initiative that we started earlier

this year. We instituted two types of panel updates. One is going to be the general post-approval studies update that we just started presenting today.

This is the very first session that we are presenting this, but we also have the specific post-approval studies update that we started in January when we invited the sponsor of a specific medical device and had the opportunity to present to the panel the progress of their post-approval study followed by the update presentation. And we have some discussion time for the panel. Again, we started with this in January this year. And we have another panel update on a specific ob/gyn device later this year.

And, as I said, the post-approval studies program can be only successful if there is effective partnership between the FDA, industry, and other stakeholders. And toward that effect, we convened the first workshop on the post-approval studies. It was

co-sponsored by the FDA and Food and Drug Law Institute earlier this year, in May.

And we will continue dialogue with all of the stakeholders because we believe that without their support, the program will not be able to transform as quickly as we would like it to be.

Now, let's just examine quickly what happened with regard to the cardiovascular studies since 2005. Since 2005, there was a total of 21 cardiovascular PMAs and supplements approved with post-approval studies. Since some of the PMAs had more than one post-approval study commitment, there is a total of 27 post-approval studies initiated post-2005.

I would like also to say that, in addition to these studies, we also received 36 other pre-2005 studies that we just assumed the responsibility for in April this year. So we do not have all of the updates on all of them, but I hope that by next year in my

presentation, next presentations, I might be able to share some information about those studies as well.

These are just the cardiovascular devices post-approval studies, just a quick overview slide. Again, you can see that as far as the distribution of the study designs, most of the studies are observational. And this doesn't come as a surprise since the post-approval study is a distinctive post-market tool to be used to study continued safety and effectiveness of approved medical devices when used in a broader population under longer-term use outside of the highly controlled settings of pre-market clinical trials.

And, again, I'm very proud to present this slide that shows that all of our studies and all of our sponsors are compliant with regard to the reporting status. You can see that five studies already for which we received the final report. There are 18

studies for which we received the report on time. And for the remaining four studies, a report was received after the due date, but we have it in house. And we mark it "Overdue. Received" on our Web site.

As far as the progress of the studies, again, the vast majority of the studies are on time. We have some studies that are completed, as you can see. And also there are protocol-pending studies, mostly those that were approved in 2007, for which we did not finalize the post-approval study protocol yet. And there are also some study-pending, which means that protocol was approved but the study had not been initiated yet.

As far as how we present to the panel, really, this slide clearly shows that since 2005, there has been an increased number of post-approval studies presentations to the panel. I'm talking here about pre-market panel presentations that range from one out of